

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 3059

0204  
3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Liberty Park Lagoon</u>		d. STREET ADDRESS (If rural, give location) <u>410 Dal-Whi-Mo</u>	

0204  
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>William</u> c. (Last) <u>Reid</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-8-1950</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov-3-1892</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>58 0 5</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>William Stanton Reid</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Marsh</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>491-07-5538</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Betty Reid</u>		ADDRESS <u>Sedalia</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by drowning</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>897 5X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>PUBLIC PARK</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SEDALIA PETTIS MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 8 1950 7:40 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide by drowning</u>	
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22. I hereby certify that I <sup>VIEWED</sup> attended the deceased from As, Barmer, 1950, that I last saw the deceased alive on, 1950, and that death occurred at 7:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Phoebe Sander Steinfacher M.D.</u>		23b. ADDRESS <u>Corning Pettis Co</u>		23c. DATE SIGNED <u>11-10-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia MO</u>	
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DATE REC'D BY LOCAL REG. <u>11-10-50</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-20-57

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 11-20-57

MAY 1 1953

NOV 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*K. M. L. Gray*

Licensed Embalmer No. 3153

P. O. Address

*Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.